## FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	ROVAL
OMB Number:	3235-0076
Expires: Decem	ber 31, 1996
Estimated average	ge burden
hours per respon	=

SEC USE ONLY										
Prefix	Serial									
DATE RE	CEIVED									

Name of Offering ( check if	this is an amendment an	d name has ch	anged, and ir	ndicate change.)	
Filing Under (Check box(es) that	apply): 🙇 Rule 504	Rule 505	☐ Rule 506	☐ Section 4(6) ☐ UI	LOE
Type of Filing: New Filing	☐ Amendment	•		1/00000000	The state of the s
	A. BASIC	IDENTIFICA	TION DATA	I WELL A L ZUG	SE //
1. Enter the information requests				N. A. C.	
Name of Issuer ( check if the JOHN ROYCE INT	is is an amendment and n ERNATIONAL	name has chang	ed, and indic	cate change 180 /se	<b>*</b>
Address of Executive Offices 18012 Cowan ST	(Number and St TraeSteidle, 1			Telephone Number (Incl. 949/757-5950	
Address of Principal Business Of (if different from Executive Office)		reet, City, Stat	e, Zip Code)	Telephone Number (Incl	uding Area Code)
Brief Description of Business  Clothing appar	rel distributio	on and sa	ıles		PROCESSE
Type of Business Organization corporation business trust	☐ limited partnership,	•	đ	□ other (please specify):	OCT 2 5 2002 THOMSON FINANCIAL
Actual or Estimated Date of Inco Jurisdiction of Incorporation or	Organization: (Enter two-				<del></del>

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five yes	arc:	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposecurities of the issuer;</li> </ul>	osition of, 10%	or more of a class of equity
• Each executive officer and director of corporate issuers and of corporate general and n	nanaging partne	rs of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		
Check Box(es) that Apply:   Promoter Webeneficial Owner   Executive Officer  Lynch Family Trust dated 06/26/2002	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	······································	
22 Corte Vizcaya, San Clemente, CA 92673		•
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>	
Check Box(es) that Apply: □ Promoter □ Beneficial Owner 및 Executive Officer  John R. Lynch	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	··· · · · · · · · · · · · · · · · · ·	
18012 Cowan STreet, Suite 100, Irvine, CA 9	92614	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	····	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Codé)		
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
•		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	- A	
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	······································	
Business of Residence Address (Number and Street City State 7 in Code)		

: 24 ,8 .				B. 1	NFORMA	TION AB	OUT OFF	ERING	elaka) se	20 A A A	. 188. Grand and Arthur		1
1. Has t	the issuer :	sold, or do	oes the issu	ier intend	to sell, to	non-accre	dited inves	tors in thi	s offering	· · · · · · · · · · · · · · · · · · ·		Yes . □	No
			An	swer also	in Append	ix, Colum	n 2, if filir	ng under L	ILOE.				•
2. What	is the mi	nimum inv	estment th	at will be	accepted t	from any	individual?					. § <u>5</u>	000
3. Does	the offeri	ng permit	joint own	ership of a	a single un	it?						Y es	No □
4. Enter sion of to be list the	the inforr or similar r listed is a ne name of	nation requestion associated the broken	uested for on for solid decreased for dealer	each perso citation of or agent of r. If more	n who has purchasers a broker	been or wi in connec or dealer r (5) persons	ll be paid o tion with sa egistered w s to be liste	r given, di ales of secu with the SE and are asso	rectly or in rities in th C and/or	directly, are offering. with a state sons of suc	y commis If a perso	s- n s,	,
Full Name	(Last nar	ne sirst, if	individual	)	Not	appli	.cable						
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Ci	ode)						
Name of A	Associated	Broker or	Dealer										
States in V			,				•					_	
(Check	"All State	s'' or chec	k individu	al States)			• • • • • • • • • •		• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •		States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[ HI ] [MS] [OR]	[ ID [MO [ PA	]
[RI]	[SC]	{ SD }	[TN]	[TX]	[UT]	{ VT }	[VA]	[WA]	[WV]	[ WI ]	[WY]	(PR	
Full Name Business o					, City, Sta	ite, Zip Co	ode)						
Name of A	Associated	Broker or	Dealer			· · · · · · · · · · · · · · · · · · ·			<del></del>	e de la contraction de la cont			
States in V	Which Pers	son Listed	Has Solic	ited or Int	ends to So	licit Purch	nasers						<del></del>
(Check	"All State	s" or chec	k individu	al States)		• • • • • • • •							States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[ FL ] [ MI ] [ OH ] [ WV ]	[GA] [MN] [OK] [WI]	[ HI ] [MS] [OR] [WY]	[ ID [MO [ PA [ PR	]
Full Name	(Last nar	ne first, if	individual	)									
Business o	r Residenc	ce Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
Name of A	Associated	Broker or	Dealer		· · · · · · · · · · · · · · · · · · ·								
States in V	Which Pers	son Listed	Has Solic	ited or Int	ends to So	licit Purch	nasers	·		<u></u>			
				*			· • • • • • • • • •					□ Ail :	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ ID [MO [ PA	] ]

				EXPENSES		

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	_	<del>-</del>
	Equity		
		<u>3_5,000.0</u>	0 \$_5,000.00
	□ Common □ Preferred	•	
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	\$ 5,000.0	0 \$ <u>5,000.0</u> 0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	1	\$ <u>5,000.0</u> 0
	Non-accredited Investors		<b>\$</b>
	Total (for filings under Rule 504 only)	1_	\$ 5,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Type of Security	Sold
	Rule 505	······································	<b>\$</b>
	Regulation A		\$
	Rule 504		\$ <u>5,000.0</u> 0
	Total		<u>\$ 5,000.0</u> 0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	🗆	\$
	Legal Fees	:	\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		S
	Total		<u> </u>

tio	Enter the difference between the aggregate offering price given in response to Part C - n 1 and total expenses furnished in response to Part C - Question 4.a. This difference djusted gross proceeds to the issuer."	is the			\$ 5,000.00
use est	dicate below the amount of the adjusted gross proceeds to the issuer used or proposed of for each of the purposes shown. If the amount for any purpose is not known, furnimate and check the box to the left of the estimate. The total of the payments listed must adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b a	sh an equal		&	Payments To Others
	Salaries and fees				
	Purchase of real estate	□ <b>\$</b> .	·	□	\$
	Purchase, rental or leasing and installation of machinery and equipment	□ <b>s</b> .		_ □	\$
	Construction or leasing of plant buildings and facilities	□ <b>S</b> .		0	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$.		0	\$
	Repayment of indebtedness	□ \$.		_ 0	\$
	Working capital	□ \$.		<u> </u>	\$5,000.00
	Other (specify):	□ \$.		0	\$
		□ \$			<u></u>
	Column Totals				\$5,000.00
	Total Payments Listed (column totals added)				
,	D. FEDERAL SIGNATURE				
ollow	suer has duly caused this notice to be signed by the undersigned duly authorized person ring signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a of its staff, the information furnished by the issuer to any non-accredited investor pur	nd Ex	change Com	mission	upon written re
ssuer	(Print or Type) Signature		Г	ate	
	JOHN ROYCE INTERNATIONAL			10-	10 - 200
Vame	of Signer (Print or Type)  Title of Signer (Print or Type)		,		
	John R. Lynch President				

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

#### E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes No of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)  JOHN ROYCE INTERNATIONAL	Signature	Date 10-10-200 Z.
Name (Print or Type)	Title (Print or Type)	
JOHN R. LYNCH	PRESIDENT	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•			AP	PENDIX					
1	Intend to non-a investors	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL			-							
AK										
ΑZ										
AR										
CA		х	common	1	\$5,000.00	-0-	-0-		х	
со										
СТ										
DE										
DC										
FL										
GA										
Hl		<u></u>								
ID										
IL										
IN										
lA									·	
KS					·					
KY										
LA										
ME										
MD						5				
MA				ļ	·					
MI										
MN										
MS	· .									
мо										

				APP	ENDIX				
1'		2	3						
	Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				amount pur	nvestor and chased in State C-Item 2)		(if yes, explana	te ULOE attach ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV-						·			
NH									
NJ									
NM									
NY						·			
NC									
ND									
ОН									
ок					·				
OR	ļ								
PA									
RI									
SC									
SD		-							
TN	ļ								:
TX									
UT									
VT									
VA		-					<del></del>		
WA									
wv									
WI									
WY									
PR	<u> </u>	<u> </u>					<u> </u>		